

# LEBOEUF, LAMB, GREENE & MACRAE

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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FACSIMILE: (212) 424-8500

WRITER'S DIRECT DIAL

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MULTINATIONAL PARTNERSHIP

July 7, 1997

## CERTIFIED MAIL

Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

Re: LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee  
FEC Form 3X

Gentlemen:

Enclosed please find our completed Form 3X for the period  
June 1, 1997 through June 30, 1997.

Please acknowledge the receipt of the above-referenced  
document by signing and dating the enclosed copy of this letter  
and returning it to us in the envelope provided.

Sincerely,



A. David Marshall  
Treasurer  
LeBoeuf, Lamb, Greene & MacRae  
Political Action Committee

ADM: bv

Enclosures



**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

revised 1-1-91

NAME OF COMMITTEE		REPORT COVERING PERIOD		
LeBoeuf, Lamb, Greene & MacRae Political Action Committee		FROM 6/1/97	TO 6/30/97	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11	Contributors (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (Use Schedule A)	5,440.00	79,145.00	11(a)(1)
ii.	Unitemized	-0-	-0-	11(a)(2)
ii.	Total (add i and ii) >	5,440.00	79,145.00	11(a)(3)
b.	Political Party Committees	-0-	-0-	11(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	11(c)
d.	Total Contributions (add a ii, b and c) >	5,440.00	79,145.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13.	All Loans Received	-0-	-0-	13
14.	Loan Repayments Received	-0-	-0-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,440.00	79,145.00	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	5,440.00	79,145.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-	21(a)(1)
i.	Federal Share	-0-	-0-	21(a)(2)
ii.	Non-Federal Share	-0-	-0-	21(a)(3)
b.	Other Federal Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(b)
c.	Total Operating Expenditures	-0-	-0-	22
22.	Transfers to Affiliated/Other Party Committees			23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,100.00	18,450.00	24
24.	Independent Expenditures (Use Schedule E)	-0-	-0-	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)	-0-	-0-	26
26.	Loan Repayments Made	-0-	-0-	27
27.	Loans Made			
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b.	Political Party Committees	-0-	-0-	28(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	28(c)
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29.	Other Disbursements	1,750.00	16,450.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,850.00	34,900.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,850.00	34,900.00	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	5,440.00	79,145.00	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	5,440.00	79,145.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Caraos 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/1/97 - 6/30/97	\$295.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Exempt legal or acct.	Occupation Staff Accountant Aggregate Year-to-Date > \$ 1,770.00		(MEMO ONLY)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER 11 a.i.

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**NAME OF COMMITTEE (in Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John N. Aerni 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	\$ 245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 245.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David P. Bicks 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	1,190.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,190.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeanette Bond 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	315.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 315.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maria Dittmar 1 Riverfront Plaza Newark, New Jersey 07102-5490	LeBoeuf, Lamb, Greene & MacRae	6/12/97	85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 85.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dean Hansell 725 South Figueroa Street Suite 3600 Los Angeles, Calif. 90017-5436	LeBoeuf, Lamb, Greene & MacRae	6/12/97	675.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 675.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David G. Hetzel 22 Asylum Street Hartford, Connecticut 06103	LeBoeuf, Lamb, Greene & MacRae	6/12/97	490.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 490.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Klauberg 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	

**SUBTOTAL of Receipts This Page (optional)** ..... \$3,800.00

**TOTAL This Period (last page this line number only)** .....

SCHEDULE A

ITEMIZED RECEIPTS

USE SEPARATE SCHEDULES for each category of the Detailed Summary Page

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (in Full)

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan A. Marshall 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Moore 633 17th Street, Suite 2000 Denver, Colorado 80202	LeBoeuf, Lamb, Greene & MacRae	6/12/97	575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date \$ 575.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph L. Seiler 125 West 55th Street New York, New York 10019-5389	LeBoeuf, Lamb, Greene & MacRae	6/12/97	665.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date \$ 665.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

\$1,640.00

TOTAL This Period (last page this line number only)

5,440.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

LeBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
20th District Democrats '97 c/o 964 Townley Avenue Union, New Jersey 07083	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	\$ 100.00
B. Full Name, Mailing Address and ZIP Code The Matt Fong for U.S. Senate Committee c/o C.D. Klein 122 East 42nd Street New York, New York 10168	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Schumer '98 432 Park Avenue South Suite 1206 New York, New York 10016	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/97	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

\$3,100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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**NAME OF COMMITTEE (in Full)**

LaBoeuf, Lamb, Greene & MacRae Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Assembly Campaign Committee 107 Washington Avenue Suite One L.L. Albany, New York 12210	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/97	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Miller for council 345 East 81 Street Suite 12L New York, New York 10028	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/97	250.00
C. Full Name, Mailing Address and ZIP Code Judge Saylor for Supreme Court, Committee 980 Jolly Road, Box 1180 Bluebell, Pennsylvania 19422	Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	250.00
D. Full Name, Mailing Address and ZIP Code N.Y. Republican State Committee 1271 Avenue of the Americas New York, New York	Reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

\$1,750.00

**TOTAL** This Period (last page this line number only) .....



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7/19/97

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.S.

PREPARER

7/14/97

DATE PREPARED